

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Medical Review Division regarding a medical fee dispute between the requestor and the respondent named above.

### **I. DISPUTE**

1.
  - a. Whether there should be reimbursement for date of service 8-28-01.
  - b. The request was received on 3-26-02.

### **II. EXHIBITS**

1. Requestor, Exhibit I:
  - a. TWCC 60
  - b. HCFA
  - c. EOBs
  - d. Medical Records
  - e. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.
2. Respondent, Exhibit II:
  - a. TWCC 60 Response to a Request for Dispute Resolution
  - b. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.
3. Per Rule 133.307 (g) (3), the Division forwarded a copy of the requestor's 14 day response to the insurance carrier on 6-27-02. Per Rule 133.307 (g) (4), the carrier representative signed for the copy on 7-2-02. The response from the insurance carrier was received in the Division on 7-15-02. Based on 133.307 (i) the insurance carrier's response is timely.
4. Notice of Additional Information submitted by Requestor is reflected as Exhibit III of the Commission's case file.

### **III. PARTIES' POSITIONS**

1. Requestor: Position statement taken from Table of Disputed Services:  
"We have resubmitted for payment of this code with the observation record and we continue to be denied reimbursement. Our facility meets all surgical procedure requirements for reimbursement. Per TWCC fee guidelines 99499 –RR is reimbursed hourly with DOP under Surgical Procedure rules."

2. Respondent: Letter dated 7-15-02:  
“The patient had a cervical myelogram and the health care provider contends it is entitled to charge CPT Code 99499 for recovery time after the patient’s cervical myelogram based upon a provision found in the surgical ground rules .... Additionally, the health care provider has not billed for a surgical procedure to allow it to charge for recovery time from a surgical procedure. The section under which the procedure was billed ‘Radiology/Nuclear Medicine’ does not have a corresponding section which allows for recovery time to be charged. Therefore, the health care provider has not shown that the patient had a surgical procedure or that it is entitled to bill for the recovery time of the patient after the radiology procedure. Additionally, even if the health care provider were allowed to bill CPT Code 99499, the health care provider has billed for more time than listed on its own charge sheet.”

#### **IV. FINDINGS**

1. Based on Commission Rule 133.307(d) (1) (2), the only date of service eligible for review is 8-28-01.
2. The carrier denied the billed services as reflected on the EOB as “F – The amount charged exceeds the maximum allowable fee for the Texas Workers’ Compensation Medical Fee Guideline; This service is included in another service performed on the same date”.
3. The following table identifies the disputed services and Medical Review Division's rationale:

DOS	CPT or Revenue CODE	BILLED	PAID	EOB Denial Code(s)	MARS	REFERENCE	RATIONALE:
8-28-01	99499-RR	\$119.00	\$-0-	F	DOP	MFG: Surgery Ground Rules (II) (V); 133.307 (j) (2) CPT Descriptor	<p>The Carrier has denied the disputed service as “F – The amount charged exceeds the maximum allowable fee for the Texas Workers’ Compensation Medical Fee Guideline; This service is included in another service performed on the same date”.</p> <p>CPT Code 99499-RR is a DOP procedure and as such is not global to any other code billed on the date in dispute. There is no maximum allowable fee for this code.</p> <p>Pursuant to Surgery Ground Rule (II) (V), “Postoperative monitoring is reimbursed hourly. This service is billed using code 99499-RR, and includes the facility, staffing and monitoring equipment. No separate charges shall be allowed for HCP stand-by. The maximum amount of time allowed for postoperative monitoring is four hours and DOP is required.”</p> <p>CPT Code 99499-RR was performed in a Doctor’s Office and billed appropriately. The carrier has raised some documentation issues in their position statement, however, documentation was not noted as a denial prior to the filing of the dispute. TWCC Rule 133.307 (j) (2) states, “The response shall address only those denial reasons presented to the requestor prior to the date the request for medical dispute resolution was filed with the division and the other party. Responses shall not address new or additional denial reasons or defenses after the filing of an initial request. Any new denial reasons or defenses raised shall not be considered in the review.”</p> <p>Therefore, reimbursement is recommended in the amount of \$119.00.</p>
<b>Totals</b>		\$119.00	\$-0-				The Requestor <b>is</b> entitled to reimbursement in the amount of <b>\$119.00</b>

### V. ORDER

Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Medical Review Division hereby ORDERS the Respondent to remit \$119.00 plus all accrued interest due at the time of payment to the Requestor within 20 days receipt of this order.

This Order is hereby issued this 14<sup>th</sup> day of February 2003.

Lesia Lenart  
Medical Dispute Resolution Officer  
Medical Review Division

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